

**Plan Check Submittal Requirements for
Commercial/Industrial/Multifamily**

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Plan set requirements

- 3 complete sets of plans minimum are required.
- 1 additional sets is required for Plumbing if sub-trade work is involved
- 1 additional set is required for Mechanical if sub-trade work is involved.
- 1 additional set for Electrical if sub-trade work is involved.
- 1 additional Fire set is required if Hazardous materials are contained within the project.
- 1 additional set for Planning review is required. A Planning review is required if changes are being made to a site or the building exterior.
- Plans should be grouped as follows: cover sheet/project description/special conditions (planning conditions, alternate design conditions, accessibility conditions, deferred submittals), site, grading, landscape, architectural, elevations, structural, details, electrical, plumbing, mechanical and title 24 energy documents.
- Plans must be on suitable size paper. We suggest a minimum of 18" x 24" and maximum of 24" x 36".
- If weight is more than 25 pounds, plan sets must be divided into separate sets.
- All plan pages shall be stamped and signed by the architect or engineer of record at time of permit issuance with the cover page wet stamped and signed.
- Two sets of structural calculations are required for new construction and when structural alterations are proposed. Both sets shall be wet stamped and wet signed on the cover page by the design professional at the time of permit issuance.
- Two sets of energy calculations are required for new construction, when the building envelope changes or alterations are made to, the HVAC system (except for equipment replacement), or lighting changes where more than 50% of the fixtures are being replaced in the area being permitted.
- Plans must be prepared according to published minimum submittal requirements. Refer to appropriate suggested document submittal list.

All plan review submittals for new construction and additions are done by appointment only, to make an appointment call (408) 535-3555.

The following must be completed prior to your appointment:

- Plan Check submittal form completed
- Building Occupancy Classification Inventory Form completed, if hazardous materials are contained within project
- Completion of the Construction Cost Documentation form for commercial industrial projects or the Multifamily Residential Valuation Worksheet for Multifamily projects.

Other Approvals and Clearances

Approvals and/or clearances from other public agencies or City Departments may be required.

- Some Public Works reviews are required prior to completion of plan review (flood zone review and geological hazard review), other clearances (Public Works development clearance and grading permits) are required prior to issuance of a permit. .
- Projects that affect fire sprinkler, fire alarms or hazardous material storage will require review and approval from the Fire Department.
- Health Department and Water Pollution Control approvals are required prior to plan review. Food handling facilities and public swimming pools require these approvals. For Health Department requirements, call (408) 918-3400. For Water Pollution Control District, call (408) 945-5300.



CITY OF SAN JOSÉ, CALIFORNIA

Building Division Submittal Form

Plan Check Submittal For Commercial Industrial Multifamily

*Project Address: _____
Tract No. _____ APN No. _____
Project Name: _____

Circle Appropriate Scope of Work

New Construction, Tenant Improvement, Non-Structural Alteration, Structural Alteration, Addition, Demolition, Fire Damage, Other

*Describe Scope of Work: _____

Applicant Circle Applicable

Developer, Bldg. Owner, Tenant, Engineer, Architect, Contractor, Other

*Firm _____

*Applicants Address _____

*Tenant Name: _____

List Contact Person for Each Plan Submitted

Name	Phone No.	Fax No.	Email
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*Applicant _____

Building _____

Plumbing _____

Mechanical _____

Electrical _____

Fire _____

Reviews Required	<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Planning
Plans Submitted	<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Planning

Planning Permit Obtained: ☐ Yes ☐ No Permit No. _____

Will this project affect hazardous materials/chemical storage or use on this site? Yes No

Building has: Sprinklers ☐ Yes ☐ No Heating ☐ Yes ☐ No Cooling ☐ Yes ☐ No

General Use Circle Applicable

Office, Clinic, Retail, Wholesale Food, Storage, Spec. Space, Service Station, Lab, Manufacturing, Residential

Specific Use: _____ No. of Stories _____

Floor Area: Existing _____ Proposed _____ New Total _____

Area of Work Sq. Ft. _____ Occupancy Group _____ Type of Construction _____

Disabled Access Provisions: ☐ Full Compliance ☐ Equivalent Facilitation ☐ Unreasonable Hardship

THIS FORM MUST BE COMPLETED PRIOR TO COUNTER SERVICE. Fields marked with asterisks are mandatory. Incomplete forms may result in the applicant returning to the waiting area to complete this form and issuance of a new counter service ticket number behind other customers.

Folder No. _____



CITY OF SAN JOSÉ, CALIFORNIA

Building Division Submittal Form

Construction Cost Documentation

Address: _____ PC # _____
BP # _____

Total Construction Cost/Valuation \$ _____
ICBO Value
\$ _____
Contract Value

The total valuation must include, the total value of all construction work for which the permit is issued, as well as all finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire-extinguishing systems and any permanent equipment as well as contractor's profit and overhead.

I hereby affirm that the above information is correct and accurately represents the actual total cost of construction and that I will submit a signed copy of the contract or detailed cost breakdown to substantiate the above-stipulated valuation prior to plan check approval.

_____ Owner/Representative	_____ Date	_____ Contractor	_____ Date
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Office Use Only

- ☐ Contract or detailed cost estimate reviewed
- ☐ Contract review not required based on
Policy UBC 107-1-97

For valuations that are not associated with listed Building Divisions minimums, Supervisory approval is needed.

_____ Staff Name	_____ Date	_____ Supervisor	_____ Date
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Chief Date
Required for valuation changes over 25% or \$100,000

INCOMPLETE SUBMITTAL FORM

This form must be completed for all projects having incomplete plan or inadequate number of plan sets.

Project Name: _____ Plan Check No. _____

Project Address: _____

TO BE FILLED OUT BY BUILDING DIVISION STAFF

- ☐ Contract to validate submittal valuation not provided
- ☐ Inadequate number of plan sets are being submitted. _____ sets of complete plans are remaining to be submitted prior to the start of plan review.
- ☐ The plan sets being submitted are incomplete. The following information is lacking which must be provided prior to the start of plan review _____

- ☐ The following plan reviews are required, however, the applicant has decided not to make concurrent submittal for the following trades.

	Building	Plumbing	Mechanical	Electrical	Fire	Hazmat	Planning
Required (y/n)	_____	_____	_____	_____	_____	_____	_____
Submitted (y/n)	_____	_____	_____	_____	_____	_____	_____

Staff _____ Date _____

TO BE FILLED OUT BY APPLICANT

We understand that the City of San Jose strongly encourages coordinated and concurrent submittal, review, approval and permit issuance of Building, Plumbing, Mechanical and Electrical plans for projects requiring such reviews. This leads to time and cost savings for both approval and construction of the project. However, for reasons listed below, an incomplete plan check submittal is being made. **We understand that this plan check submittal may result in delays in plan check, permit issuance, inspection and construction completion, leading to additional costs.**

Reasons for incomplete plan submittal and anticipated date of completion of submittal: _____

Architect or engineer of record for the project has been retained to insure compliance with the Section 106.3.4 of the 1997 UBC which states: "The architect or engineer of record shall be responsible for reviewing and coordinating all submittal documents prepared by others, including deferred submittal items, for compatibility with the design of the building".

I understand and accept the above statements:

_____ Architect or Engineer of Record's Name	_____ License No.	_____ Signature	_____ Phone No.	_____ Date
_____ Applicant's Name	_____ Title	_____ Signature	_____ Phone No.	_____ Date
_____ Owner/Facility Manager's Name	_____ Title	_____ Signature	_____ Phone No.	_____ Date

NOTE: If simultaneous plan check submittal is not being made, the Applicant may have to submit two (2) sets of Plumbing, Mechanical or Electrical plans for plan review prior to issuance of Plumbing, Mechanical or Electrical permits. In this case, allow an additional two to three weeks for small projects and four weeks for large projects to complete the initial checking of Plumbing, Mechanical or Electrical plans before issuance for these trades.



CITY OF SAN JOSÉ, CALIFORNIA

Building Division Submittal Form

Minimum Document Submittal Checklist - Building

Project Name: _____

PC# _____

Project Address: _____

Permit Center Staff will review this checklist as a reference guide prior to plan submittal for completeness check.

****Residential:**

☐ New

☐ Alteration

***Com/Ind:**

☐ New

☐ TI

Submittal Documents	Documents Submitted	Documents Required		
	Applicant	Intake		PC
Project Worksheet Completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Building Permit Form (for express only)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
**Fee Estimate Worksheet Completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
**Single Family House Form Completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*Contract or estimate (to substantiate valuation)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Request for Address Assignment (new construction)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Plans				
Engineer/Architect Stamp & Signature (for final approval)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cover sheet stating scope of work & project data: (Type of Const., Occupancy Groups, sq.ft.) also state Alternate Design Conditions, Accessibility Requirements, Planning Permit Conditions & Deferred Submittals		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Plot Plan/Site Plan/Grading Plan & Landscape Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Architectural Plans (floor plan & elevations)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Foundation Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Structural Framing Plans		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Roof Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cross Section/Details		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Plumbing Plans		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mechanical Plans		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electrical Plans		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Title 24 Energy Plan Sheets		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Support Documents				
Structural Calculations		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Soil Report		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Seismic Hazard Zone Report		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Energy Calculations		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

To be filled out by Applicant

I understand that an incomplete plan check submittal may result in delays in plan check.

Applicant Name

Signature

Date

Building Occupancy Classification Inventory Form

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Plan Check No.: _____ Proposed Occupancy Classification: _____ Signature of Preparer: _____ Date: ____/____/____.

Control Area No.: _____ Is this area protected by a fire sprinkler system? ☐ Yes; ☐ No.

1. Room No.	2. Chemical Name & Concentration <i>(Not Trade Name)</i>	3. UBC Class*		4. Quantity Stored	5. Quantity in Use*		6. Stored in Approved Cabinet
		Physical	Health		Open	Closed	
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Please see the instructions on the reverse side of this page for a list of UBC hazard classes and definitions of open use and closed use.

Building Division Submittal Form

Industrial Use Designation

If the intended use is Industrial, one of the designated industrial uses from the Building Division's Policy on assessing Development Taxes must be identified and a detailed description of what the company manufactures, produces or service provided must be detailed.

Listed Industrial Use Category: _____

Project Name:_____ Plan Check No._____

Address: _____

Description of manufacturing process and products:

[illegible]

For speculative shell permits, if the initial use is not a designated industrial use, the commercial tax rate will be retroactively assessed on the construction valuation of the entire shell building at the time the initial finish interior permit is issued.

I hereby affirm ***under penalty of perjury*** the above information is correct and accurately represents the intended use.

(Signature) Owner/Developer

(Signature) Tenant

Name

Name

Date _____

Date _____

City Of San Jose Building Permit

PERMIT #: _____

Issuance Date: ____/____/____ Issued By: _____

(Please print clearly and fill in all that apply)

PROJECT ADDRESS: _____

ASSESSOR PARCEL # _____ CITY: San Jose/Santa Clara County

APPLICANTS NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: (____) _____ FAX #: (____) _____

E-MAIL ADDRESS: _____

TENANT COMPANY NAME: _____

OWNERS NAME: _____

PHONE #: (____) _____ FAX #: (____) _____

(Jurisdictions may require written approval from the owner)

☐ ARCHITECT ☐ ENGINEER

LICENSE/REGISTRATION #: _____

NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: (____) _____ FAX #: (____) _____

E-MAIL ADDRESS: _____

PROJECT CONTACT PERSON: _____ PHONE #: (____) _____ FAX #: (____) _____

ADDRESS: _____ E-MAIL ADDRESS: _____

CONTRACTOR

LICENSE #: _____ LIC. CLASS(ES): _____ PHONE #: (____) _____

COMPANY NAME: _____ FAX #: (____) _____

ADDRESS: _____ E-MAIL ADDRESS: _____

CITY/STATE/ZIP: _____ BUSINESS LIC #: _____

Licensed Contractors Declaration: I hereby affirm *under penalty of perjury* that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect. Date: _____ Contractor Signature: _____

Owner-Builder Declaration: I hereby affirm *under penalty of perjury* that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5 Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9, (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500):

- ☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale).
- ☐ I, as owner of property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the project with a contractor(s) licensed pursuant to the Contractors License Law).
- ☐ I am exempt under Sec. _____, B & P.C. for this reason _____

Date: _____ Owner Signature: _____

Workers' Compensation Declaration: I hereby affirm *under penalty of perjury* one of the following declarations:

- ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

CARRIER: _____ POLICY NO. _____

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

- ☐ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date: _____ Applicant Signature: _____

WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney fees.

Construction Lending Agency Declaration: I hereby affirm *under penalty of perjury* that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name: _____ Lender's Address: _____

I Certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant/Agent: _____ Date: _____

Printed Name of Applicant/Agent: _____



CITY OF SAN JOSÉ, CALIFORNIA

Building Division Accessibility Compliance- Existing Buildings Form

I have surveyed the building at _____ for compliance with required accessibility features per the 2001 California Building Code. Proposed alteration work will include any upgrades required to provide compliance with accessibility features serving the area of work as described in section CBC 1134.2.1.

I acknowledge the following scope of required upgrades (**choose one**)

- ☐ The existing required accessibility features serving the area of work are in conformance with the 2001 CBC.
- ☐ Upgrades to the existing condition are proposed to provide full compliance with required accessibility features serving the area of work in conformance with the 2001 CBC.
- ☐ The feasibility of the proposed work will be severely impacted if full accessibility compliance is provided. Not all access features will be provided with the proposed scope of work, thus an Unreasonable Hardship determination must be granted. Upgrades will be provided for all features not excepted in the approved Hardship application.

Signature _____ Date _____

I am: ____Project Designer, ____Business Owner, ____Other_____